

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				
2						
3		1				
4		2				
5		3				
6		4				
7		5				
8		6				
9		7				
10	1	8				
11	1	9				
12		10				
13	1	11				
14		12				
15		13				
16		14				
17		15				
18		16				
19		17				
20		18				
21	1	19				
22		20				
23		21				
24		22				
25	1	23				
26		24				
27		25				
28		26				
29	1	27				
30		28				
31	1	29				
32		30				
33		31				
34		32				
35		33				
36	1	34				
37		35				
38		36				
39		37				
40		38				
41		39				
42		40				
43		41				
44		42				
45		43				
46		44				
47		45				
48		46				
49		47				
50		48				
TOTAL IND.	8	↓	1	↓		↓
TOTAL DEP.	49	←		←		←
TOTAL CLAIMS	57					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						